| | | | | Application or Docket Number | | | |
|--|-----------------------------------|----------------------------|---------------------|--|-----|--------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | 16517 | - 3 | | |
| Elisculve October 1, 2000 | | | | | | | |
| CLAIMS AS FILED - PART (Column 2) | | | SMALL TYPE | ENTITY | OR | | R THAN ENTITY |
| TOTAL CLAIMS | | | RATE | FEE | 1 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC F | EE 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | 47 minus 20= | · 7+ | X\$ 9- | 692 | OR | X\$18= | |
| INDEPENDENT CLAIMS | 10 minus 3 = | - 7 | X40= | | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | ╬ | | |
| " If the difference in column 1 is less than zero, enter "0" in column 2 | | | +135= | | OR | L | |
| | TOTAL | 132x | JOR | TOTAL | L | | |
| 11-(2 (Column 1) | (Colur | nn 2) (Column 3) | SMAL | L ENTITY | OR | OTHER SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUM PREVIO PAID | BER PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total . S. S. Independent . | Minus C | 17 - | X\$ 9= | | OR | X\$18= | |
| Independent FIRST PRESENTATION OF ML | Minus *** / | 0 =/ | X40= | | OR | X80≈ | |
| | LIPLE DEPENDENT | CLAIM | +135= | | OR | +270= | |
| 11-(8-08 (Column 1) | | | 1014 | | OR | TOTAL | |
| (33/2///// | (Colum | nn 2) (Column 3) | ADDIT. FE | C & | 3 | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent O | RIGH NUM PREVIO PAID | BER PRESENT BUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · & F | Minus •• Q | 1 - | X\$ 9= | | OR | X\$18= | |
| FIRST PRESENTATION OF MU | Minus | CLAIM [7] | X40= | | OR | X80= | |
| | | | +135= | | OR | +270= | |
| | | | TOYAL ADDIT, FEI | | OR | TOTAL | |
| (Column 1) | (Colum | | AUUII, FEI | | | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent Total | HIGHE NUMB PREVIO PAID F | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • | Minus | | X\$ 9= | | OR | X\$18= | 1,5,5 |
| Independent • | Minus | | X40= | | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | OR | | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | I | OR | +270= | |
| "If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 3, enter "2"." ADDITIONAL THE PROVIDER OF TH | | | | | | TOTAL DOIT, FEE | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |
| ORM FTC-876 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE | | | | | | | |

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